## BEST AVAILABLE COPY MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AS FILED AFTER I"AMENDMENT AFTER AFTER 2 ™AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP.

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